

# PLUMBING PRODUCT REVIEW APPLICATION

**Safety and Buildings Division**  
 201 W. Washington Avenue (zip 53703)  
 P.O. Box 2658 (zip 53701-2658)  
 Madison WI  
 Phone: (608) 261-6546  
 TDD: (608) 264-8777

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

**Instructions:** Only one review request may be submitted on this application. Type or clearly print in ink all the requested data. The submitting party must be the manufacturer or the manufacturer's representative. Submit this application with the fee to the address shown in the upper right corner. Lists of information required for product review are available from the division. Make checks payable to: Safety and Buildings Division.

1. Manufacturer Information			2. Submitting Party Information		
Contact Person:			Contact Person:		
Manufacturer Name:			Company Name:		
Division:			Division:		
No. & Street or P. O. Box			No. & Street or P. O. Box		
City, Town, or Village	State	Zip Code:	City, Town, or Village	State	Zip Code:
Country If Other Than United States:			Country If Other Than United States:		
Telephone No. (include area code)	Fax No. (include area code)		Telephone No. (include area code)	Fax No. (include area code)	

3. Product Information	
Existing Product File No. (if any)	Product Name:
Product Description:	Model Number(s) - use extra paper if necessary:

## 4. Submittal Type and Required Fees (check only one box below at left and enter applicable single fee at right for that box)

Request for approval in accordance with s. Comm 84.10	New Review	Revision or Renewal	US Currency Only Fee Submitted
<input type="checkbox"/> Chemical or biochemical treatment for POWTS	\$200.00	\$100.00	_____
<input type="checkbox"/> Exterior grease interceptor <sup>1</sup> (see reverse side)	\$200.00	\$100.00	_____
<input type="checkbox"/> Exterior Sanitary lift tank <sup>1</sup> (see reverse side)	\$200.00	\$100.00	_____
<input type="checkbox"/> Health care plumbing appliance	\$200.00	\$100.00	_____
<input type="checkbox"/> Physical or chemical restoration procedures for POWTS	\$200.00	\$100.00	_____
<input type="checkbox"/> Prefabricated holding or treatment component for POWTS <sup>2</sup> (see reverse side)	\$200.00	\$100.00	_____
<input type="checkbox"/> Prefabricated plumbing	\$200.00	\$100.00	_____
<input type="checkbox"/> Water treatment device or bottled water vending machines not listed by a national recognized listing agency acceptable to the department as complying with NSF Standard 44 <sup>3,4,5</sup> (see reverse side)	\$200.00	\$100.00	_____
<input type="checkbox"/> Wastewater treatment device used to meet the requirements in s. Comm 82.70	\$200.00	\$100.00	_____
<input type="checkbox"/> Voluntary POWTS Component Review in accordance with s. Comm 84.10 (3)	\$300.00	\$150.00	_____
<input type="checkbox"/> Alternate approval in accordance with s. Comm 84.50	\$300.00	\$150.00	_____
<input type="checkbox"/> Experimental approval in accordance with s. Comm 84.50	\$500.00	\$250.00	_____
<input type="checkbox"/> Alternate Standard in accordance with s. Comm 81.20 (2) <sup>6</sup> (see reverse side)	\$400.00	\$200.00	_____
<input type="checkbox"/> Minor revision to Prefabricated holding or treatment component for POWTS, Exterior grease interceptor or Exterior Sanitary lift tank <sup>1,7</sup> (see reverse side)	(Complete information on see reverse side)		_____
<input type="checkbox"/> Change of manufacturer's name and/or address	(Complete information on see reverse side)		_____

Notes:

1. Exterior grease interceptor or sanitary lift tank submittals may be included in the submittal of prefabricated holding or treatment component for POWTS for no additional fee.
2. Prefabricated holding or treatment component for POWTS includes items such as anaerobic and aerobic treatment tanks, holding tanks, pump tanks, siphon tanks, sedimentation tanks, and trash tanks.
3. Only residential water treatment devices, that are connected to a water supply system, are subject to review and approval. Commercial/Industrial water treatment devices, and water treatment devices that are not connected to a water supply system (e.g. carafe/pour-through batch treatment systems), are exempt from product review.
4. In-store, consumer self-service, bottled water vending machines only. These are vending machines that produce the vended water on site.
5. See appendix Comm A-84.11 for list of nationally recognized listing agencies acceptable to the department. The list includes ASSE, CSA, IAPMO, ITS, NSF, and UL
6. Alternate standards submitted on this form only apply to those standards used in the plumbing systems, which are governed by this department.
7. A minor revision is considered a modification that does not affect the function, retention capacity, basic shape or size of the tank, or the basis of the approval being classified as an alternate.

☐ Minor revision to prefabricated holding or treatment component for POWTS, Exterior grease interceptor or Exterior Sanitary lift tank.

Fee = \_\_\_\_\_ # of files x \$5.00 + \$45.00 = \_\_\_\_\_  
(Enter calculated fee on front of form)

Note: Request for revision in accordance with Comm 2.66 (1) (c) b. or (2) (b) is not applicable if product is submitted with fees for revision or renewal. Expiration date of the original approval(s) will not be extended if the minor revision is approved.

File numbers affected:

☐ Change of manufacturer's name and/or address

Fee = \_\_\_\_\_ # of files x \$15.00 = \_\_\_\_\_  
(Enter calculated fee on front of form)

Notes: - Fees are not applicable if product is submitted with fees for revision or renewal.  
- Expiration date for files of the original approval(s) will not be extended if the fee for change of manufacturer name and/or address is submitted.

Old manufacturer's name and address information:			New manufacturer's name and address information:		
Contact Person:			Contact Person:		
Manufacturer Name:			Manufacturer Name:		
Division:			Division:		
No. & Street or P. O. Box			No. & Street or P. O. Box		
City, Town, or Village	State	Zip Code:	City, Town, or Village	State	Zip Code:
Country If Other Than United States:			Country If Other Than United States:		
Telephone No. (include area code)			Telephone No. (include area code)		

File numbers affected: